

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 4041J-000756
		First Inventor Shinichi YATSUZUKA et al
Title		Steam Engine
		Express Mail Label No. EL 741 092 371 US

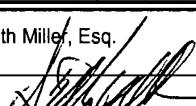
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO:	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 27] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) </p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
ACCOMPANYING APPLICATIONS PARTS			
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: ____ / ____
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 27572 or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>					
Name	Harness, Dickey & Pierce, P.L.C.				
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City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270
Name (Print/Type)		H. Keith Miller, Esq. 		Registration No. (Attorney/Agent) 22,484	
Signature				Date	August 22, 2003

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790)

Complete if Known	
Application Number	unassigned yet
Filing Date	August 22, 2003
First Named Inventor	Shinichi YATSUZUKA et al
Examiner Name	
Group / Art Unit	
Attorney Docket No.	4041J-000756

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 08-0750 Deposit Account Name Harness, Dickey & Pierce, P.L.C.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Large Entity	Small Entity														
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
FEE CALCULATION															
1. BASIC FILING FEE															
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid								
1001	750	2001	375	Utility filing fee	750										
1002	330	2002	165	Design filing fee											
1003	520	2003	260	Plant filing fee											
1004	750	2004	375	Reissue filing fee											
1005	160	2005	80	Provisional filing fee											
SUBTOTAL (1)				(\$ 750)											
2. EXTRA CLAIM FEES															
Total Claims	15	-20 **	= 0	X	0	Fee from below	Fee Paid								
Independent Claims	2	-3 **	= 0	X	0										
Multiple Dependent			X		0										
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid								
1202	18	2202	9	Claims in excess of 20											
1201	84	2201	42	Independent claims in excess of 3											
1203	280	2203	140	Multiple dependent claim, if not paid											
1204	84	2204	42	** Reissue independent claims over original patent											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent											
SUBTOTAL (2)				(\$ 0)											
Other fee (specify) _____															
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3)	(\$ 40)								

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	H. Keith Miller, Esq.	Registration No. Attorney/Agent)	22,484	Telephone	248-641-1600	
Signature				Date	August 22, 2003	

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